AUG 1 7 2011

3 510(k) Summary

510(k) Owner/Submitter	Coloplast A/S; Division: Coloplast Corp			
	Holtedam 1	•		
	Humlebaek 3050 - Denmark			
Contact	Janell A. Colley			
	Coloplast Corp			
	1601 West River Road North			
	Minneapolis, Minnesota 55411 USA			
Date Prepared	30 June 2011			
Common name/	Virtue: Surgical Mesh: 21CFR 878.3300;			
Classification	Alexis: Surgical drape and drape accessories: 878.4370			
Proprietary Name	Virtue Male Sling System with Alexis Wound Retractor			
Predicate Devices	Virtue: K101297;	•		
	Alexis: K041711			

Device Descriptions

The Coloplast Virtue Male Sling System consists of a polypropylene mesh with four arms. The four arms are each covered with a sleeve and a suture is affixed at each end to allow for attachment to the introducer. The introducer consists of a handle and stainless steel wireform. The device kit (implant plus introducer) is provided sterile and for single use only. The Alexis Wound Retractor is constructed as a cylindrical membrane sheath that has two rings attached to each open end. The rings are molded in a plastic material. The wound Retractor package includes an incision template. The device is manufactured in four sizes, small, medium, medium-large, and large.

The Coloplast Virtue Male Sling System with Alexis Wound Retractor consists of one Virtue Sling System and one small Alexis Wound Retractor, provided in a single shelf box.

Intended Use

The Virtue Male Sling System is an implantable, suburethral support sling indicated for the treatment of male stress urinary incontinence (SUI).

The Applied Alexis Wound Retractor is indicated for use to:

- Access the abdominal cavity during surgery through an atraumatically retracted incision.
- Deliver maximum exposure of the abdominal cavity with minimum incision.
- Protect against wound contamination during laparoscopic and open surgery.

The smaller two sizes of Alexis are also intended to be used to:

- Seal off the incision opening to permit insufflating the peritoneum.
- Convert the incision wound to an additional trocar port site.
- Access the thoracic cavity or other soft tissue retraction during cardiac and general surgical procedures through an atraumatically-retracted incision.

Technological Characteristics Compared to Predicate

The Virtue Male Sling System with Alexis Wound Retractor has the same intended use, design, materials and fundamental scientific technology as the predicates Virtue System K101297 and Alexis K041711.

Summary Of The Nonclinical Tests Submitted

The Virtue System and Alexis Retractor devices have been subjected to biocompatibility and mechanical testing and were found substantially equivalent to the predicates per 510ks K101297 and K041711; thus, no additional biocompatibility or mechanical testing was conducted to support this Special 510(k). There are no changes to the sterilization method, SAL, or sterilization parameters for the Virtue System or Alexis Wound Retractor and neither device will be subjected to additional sterilization cycles as a result of being offered for sale in the same package. Thus, additional sterilization validation is not necessary to support this Special 510(k). Evaluation of the packaging configuration for the Virtue Male Sling System with Alexis Wound Retractor demonstrates that the convenience kit packaging is substantially equivalent to the predicate devices' packaging; therefore, no additional design verification or validation testing was conducted.

Summary Of Clinical Tests Submitted (As Applicable)

Not applicable

Conclusions Drawn From The Nonclinical Tests

The Virtue Male Sling System with Alexis Wound Retractor is substantially equivalent to the predicates.

DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Ms. Janell A. Colley Regulatory Affairs Manager Coloplast A/S Coloplast Corporation 1601 West River Road North MINNEAPOLIS MN 55411 OCT 12 2012

Re: K111881

Trade/Device Name: Virtue Male Sling System with Alexis Wound Retractor

Convenience Kit

Regulation Number: 21 CFR 878.3300

Regulation Name: Surgical mesh

Regulatory Class: II

Product Code: OTM, GAD, KKX

Dated: June 30, 2011 Received: July 1, 2011

Dear Ms. Colley:

This letter corrects our substantially equivalent letter of August 17, 2011.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must

comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Benjamin R. Fisher, Ph.D.

Director

Division of Reproductive, Gastro-Renal, and Urological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

2 Statement of Indications for Use

510(k) Number (if known): <u>K 1118 8/</u>

Indications for Use

	Device Name:	Virtue Male Convenience	• •	th Alexis Wound Retractor	
	The Virtue Male Slir for the treatment of m	_ ,	•	uburethral support sling indicated (SUI).	
	The Applied Alexis V	Vound Retra	ctor is indicated	for use to:	
	retracted incis Deliver maxin	ion. num exposure	e of the abdomina	through an atraumatically al cavity with minimum incision. al aparoscopic and open surgery.	
	The smaller two sizes		_		
	Convert the inAccess the the	ncision wound oracic cavity	l to an additional or other soft tissu	flating the peritoneum. trocar port site. te retraction during cardiac and unatically-retracted incision.	
	Prescription Use	X		Over-The-Counter Use	
	(Part 21 CFR 801 S		AND/OR	(21 CFR 801 Subpart C)	
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(Division Sign-Off) Division of Reprod Urological Devices 510(k) Number) Iuctive, Gastro-Renal,	and	Confidential	vice Evaluation (ODE)	